

# PAYMENT DATA WORKSHEET

Agency:

Delegation Number

Date of Review:

<b>DGS, Procurement Division Only:</b>	
Number of Invoices Reported:	_____
Number Nonresponsive:	_____
Number < 30 Days:	_____
Number > 30 Days:	_____
Average Number Days to CS or RFP:	_____

Accounting Contact:

Name

Telephone Number

<b>DGS, Procurement Division Only</b>
<b>Evaluation</b>

A	B	C	D	E	F	G	H	I	DGS/PD Only	
	Agency Order Number	Description of Commodity Purchased	Invoice Number	Date of Delivery	Date on Invoice or CAL-Card I.M.P.A.C.	Date Invoice or CAL-Card I.M.P.A.C. Received	Date of Claim Schedule/Revolue. Fund Payment	Certified Small Business? (Yes/No)	Number of Days to Claim Schedule/RFP	Under 30 Days?